STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER: Bridgewater Tribune		2. DATE: 10/13/14
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE $: 31.00

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): PO Box 250, Bridgewater, McCook County, SD 57319-0250

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): PO Box 250, Bridgewater, McCook County, SD 57319-0250

6. FULL NAME OF PUBLISHER: Trox Schwans

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Schwans Publications Inc	PO Box 220, Salem SD 57058

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

None

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	500	500
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	~~187~~ 13	13
2. Mail Subscription (Paid and or requested)	283	283
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	296	296
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	52	54
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	348	350
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	152	150
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	500	500

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that ~~the statements~~ made by me are true, correct, and complete:

(Signature)

Owner
(Title)

State of South Dakota)
§
County of McCook)

Sworn to before me this 14th day of October, 2014

Laurie A Laetsch
Notary Public

My commission expires: March 20, 2018

(Seal) LAURIE A. LAETSCH NOTARY PUBLIC SOUTH DAKOTA SEAL SEAL

Form: SOS RE[illegible]